DEPARTMENT OF EARLY LEARNING (DEL)

Child Care Injury/Incident Report

PROVIDER NAME(S)

NAME OF CHILD	DATE OF INCIDENT	TIME OF INCIDENT ☐ A.M. ☐ P.M.

DESCRIBE CIRCUMSTANCES OF INJURY/INCIDENT

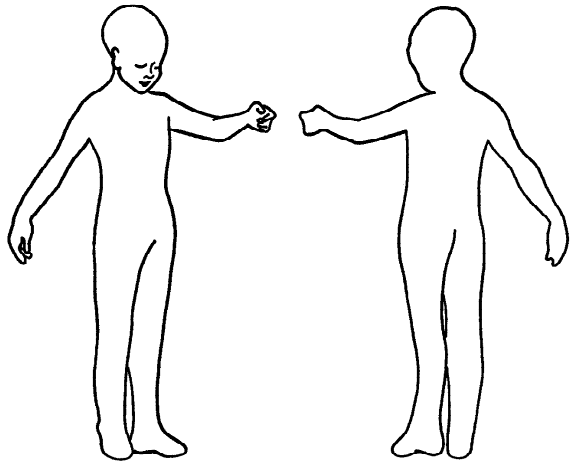
LOCATION OF INJURY/INCIDENT

PLAY EQUIPMENT OR OTHER ITEMS INVOLVED

FIRST AID GIVEN	OTHER TREATMENT GIVEN

	YES	NO	
Were there witnesses?	☐	☐	If yes, give name: _____
Was physician contacted?	☐	☐	If yes, give name: _____ AND Time of contact: _____
Was parent contacted?	☐	☐	If yes, give time: _____
Was licensor contacted?	☐	☐	If yes, give time: _____
Any other contacts?	☐	☐	If yes, give name: _____ AND Time of contact: _____

Mark and describe area of injury:



PARENT/GUARDIAN COMMENTS

PARENT/GUARDIAN SIGNATURE	DATE	PROVIDER SIGNATURE	DATE

DEL 10-243 (11/2006)

COPIES TO: Parent; Licensor; Provider